

COMMERCIAL FOUNDATION PERMIT APPLICATION

In accordance with Chapter 24, Article VI of the City Code

**Maryland State Law requires that commercial building contractors
provide a copy of their current state license with this application.**

Application No.	_____
Date	_____
Approvals:	
Code	_____ Date _____
Zoning	_____ Date _____
Fees:	
Plan Review Fee	_____
Total Fee	_____
Application Fee	_____
Amount Due	_____

All information requested in this application must be answered completely.

1. SUBJECT PROPERTY

Street Address _____ Suite No. _____
 Floor Location of Project _____
 Project Name _____ Zone _____

2. APPLICANT

Name _____ Title _____
 Street Address _____ Telephone _____
 City _____ State _____ Zip Code _____
 After hours business contact (name) _____ Telephone _____

3. CONTRACTOR/ARCHITECT/ENGINEER

Contractor's Name _____ Maryland License No. _____
 Street Address _____ Suite No. _____
 City _____ State _____ Zip Code _____
 Telephone _____

Architect's Name _____ Maryland Registration No. _____
 Street Address _____ Suite No. _____
 City _____ State _____ Zip Code _____
 Telephone _____

Structural Engineer's Name _____ Maryland Registration No. _____
 Street Address _____ Suite No. _____
 City _____ State _____ Zip Code _____
 Telephone _____

4. PROPERTY OWNER

Name _____
 Street Address _____ Suite No. _____
 City _____ State _____ Zip Code _____
 Telephones: Work _____ Home _____

5. BUSINESS OWNER/OCCUPANT**PROJECT**

Business Name (T/A) _____ Manager _____

Business Owner's Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone(s): Work _____ Home _____

6. PERMIT TYPE (check one only)☐ NEW COMMERCIAL☐ NEW INDUSTRIAL☐ NEW MULTI-FAMILY RESIDENTIAL**7. WORK DESCRIPTION**

8. PROJECT DETAIL INFORMATION

Number of buildings/structures on this permit: _____

Number of units: _____

Is this building public-owned? ☐ Yes ☐ No

How many stories above grade: _____

How many stories below grade: _____

Slab included ☐ Yes ☐ No

Total number of stories: _____

Building height (ft.): _____

Improvement cost _____

Using the BOCA Code:

List type of construction:

Use group:

Is the building sprinkled?

☐ Yes☐ No☐ Partial

SQ.FT. OF FOUNDATION

SQ.FT. OF SLAB

NOTE: This permit will include the following: Life Safety review, Electrical review, Mechanical review, and fees for the Final Use and Occupancy inspection prior to using or occupying the structure.

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent or either, or the licensed Engineer, Architect, or Contractor employed in connection with this proposed work, and that the proposed work is authorized by the Owner in fee, and I am authorized to make such application.

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Daytime Telephone _____

SPECIAL CONDITIONS
